

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/14

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

**FORM 635**  
**1993**

**IMPORTANT:** Lobbying Coalitions must attach a completed Form 635-C to this Report.

**REPORT COVERS PERIOD FROM** 04/01/2019 **THROUGH** 06/30/2019

**CUMULATIVE PERIOD BEGINNING** 01/01/2019

**TYPE OR PRINT IN INK**

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

**FOR OFFICIAL USE ONLY**

**A** AMENDMENT 001

**B**

NAME OF FILER:

CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMENTO CA 95814

**PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**

(See instructions on reverse.)

SEE MEMO FOR AGENCIES AND MATTERS LOBBIED:

☒ If more space is needed, check box and attach continuation sheets.

**SUMMARY OF PAYMENTS THIS PERIOD**

|  |    |                  |
|--|----|------------------|
| A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1) ..... | \$ | <u>302687.14</u> |
| B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) .....              | \$ | <u>147394.82</u> |
| C. Total Activity Expenses (Part III, Section C) .....                                 | \$ | <u>0.00</u>      |
| D. Total Other Payments to Influence (Part III, Section D) .....                       | \$ | <u>175168.47</u> |

|   |    |                  |
|---|----|------------------|
| GRAND TOTAL (A + B + C + D above) ..... | \$ | <u>625250.43</u> |
|---|----|------------------|

|   |    |             |
|---|----|-------------|
| E. Total Payments in Connection with PUC Activities (Part III, Section E) ..... | \$ | <u>0.00</u> |
|---|----|-------------|

F. Campaign Contributions: ☒ Part IV completed and attached ☐ No campaign contributions made this period

**VERIFICATION**

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)  
09/11/2019

At (City and State)  
SACRAMENTO, CA

By (Signature of Employer or Responsible Officer)  
LOIS RICHARDSON

Name of Employer or Responsible Officer (Type or Print)  
LOIS RICHARDSON

Title  
VICE PRESIDENT

PERIOD COVERED: 04/01/2019 06/30/2019

NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH

**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

| Name and Title   | Name and Title  |
|--|---|
| Employee<br>PATRICIA BLAISDELL<br>LEGISLATIVE ADVOCATE | Employee<br>BARBARA L. GLASER<br>LEGISLATIVE ADVOCATE       |
| Employee<br>DIETMAR GRELLMANN<br>LEGISLATIVE ADVOCATE  | Employee<br>ANNE McLEOD<br>LEGISLATIVE ADVOCATE             |
| Employee<br>AMBER OTT<br>LEGISLATIVE ADVOCATE          | Employee<br>PEGGY BROUSSARD WHEELER<br>LEGISLATIVE ADVOCATE |
| Employee<br>AMBER KEMP<br>LEGISLATIVE ADVOCATE         | Employee<br>SHEREE LOWE<br>LEGISLATIVE ADVOCATE             |
| Employee<br>BJ BARTLESON<br>LEGISLATIVE ADVOCATE       | Employee<br>GAIL BLANCHARD SAGER<br>LEGISLATIVE ADVOCATE    |

☒ If more space is needed, check box and attach continuation sheets.**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

| A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS<br>(See instructions on reverse. Also enter the Amount This Period<br>(Column 1) on Line A of the Summary of Payments section on page 1.) | (1)<br>Amount This<br>Period | (2)<br>Cumulative Total<br>To Date |
|--|------------------------------|------------------------------------|
|  | \$ 302687.14                 | \$ 639681.58                       |

**B. PAYMENTS TO LOBBYING FIRMS** (Including Individual Contract Lobbyists)

| Name and Address of Lobbying<br>Firm/Independent Contractor | (1)<br>Fees &<br>Retainers | (2)<br>Reimbursements<br>of Expenses | (3)<br>Advances or<br>Other Payments<br>(attach explanation) | (4)<br>Total<br>This Period | (5)<br>Cumulative<br>Total to Date |
|---|----------------------------|--------------------------------------|--|-----------------------------|------------------------------------|
| HURST BROOKS ESPONOSA,LLC<br><br>SACRAMENTO CA 95814        | 36000.00                   | 853.40                               | 0.00   | 36853.40                    | 60989.68                           |
| READ & ASSOCIATES,AARON<br><br>SACRAMENTO CA 95814          | 30000.00                   | 0.00                                 | 0.00   | 30000.00                    | 52500.00                           |
| CAPITOL STRATEGIES GROUP,INC.<br><br>SACRAMENTO CA 95814    | 30000.00                   | 0.00                                 | 0.00   | 30000.00                    | 47500.00                           |
| CAPITOL ADVOCACY,LLC<br><br>SACRAMENTO CA 95814             | 50000.00                   | 541.42                               | 0.00   | 50541.42                    | 125541.42                          |
|   |                            |                                      |  |                             |                                    |

**TOTAL THIS PERIOD** (Column 4)Also enter the total of Column 4 on Line B of the  
Summary of Payments section on page 1.

\$ 147394.82

☐ If more space is needed, check box and attach  
continuation sheets

PERIOD COVERED: 04/01/2019 06/30/2019NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH**C. ACTIVITY EXPENSES** (See instructions on reverse.)

| Date  | Name and Address of Payee | Name and Official Position<br>of Reportable Persons and<br>Amount Benefiting Each | Description of<br>Consideration | Total<br>Amount<br>of Activity  |
|---|---------------------------|---|---------------------------------|---|
|   |                           |   | \$                              | \$  |
|   |                           |   |                                 |   |
|   |                           |   |                                 |   |
|   |                           |   |                                 |   |
|   |                           |   |                                 |   |
| <input type="checkbox"/> If more space is needed, check box and attach continuation sheets. |                           |   |                                 | <b>TOTAL SECTION C (Activity Expenses)</b><br>Also enter the total of Section C on Line C of the Summary of Payments section on page 1. |
|   |                           |   |                                 | \$ 0.00   |

**D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION**

☒ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

\$ 175168.47

2. OTHER PAYMENTS

**TOTAL SECTION D (1 + 2)** Also enter the total of Section D on Line D of the Summary of Payments section on page 1.

\$ 175168.47

**E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION**

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 04/01/2019 06/30/2019NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH

**PART IV -- CAMPAIGN CONTRIBUTIONS MADE** (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which  
Has Filed A Campaign Disclosure Statement:

Identification Number if  
Recipient Committee: 790773

CA HOSPITAL ASSOCIATION PAC

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

| Date | Name of Recipient | I.D. Number if Committee | Amount |
|------|-------------------|--------------------------|--------|
|      |                   |                          | \$     |
|      |                   |                          | \$     |
|      |                   |                          | \$     |
|      |                   |                          | \$     |
|      |                   |                          | \$     |
|      |                   |                          | \$     |
|      |                   |                          | \$     |
|      |                   |                          | \$     |
|      |                   |                          | \$     |
|      |                   |                          | \$     |
|      |                   |                          | \$     |



If more space is needed, check box and attach continuation sheets.

**NOTE:** Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

PERIOD COVERED: 04/01/2019 06/30/2019NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title

Employee  
ALEXANDER HAWTHORNE  
LEGISLATIVE ADVOCATE

Employee  
MORRISE RICHARDSON  
LEGISLATIVE ADVOCATE

Employee  
KATHRYN AUSTIN SCOTT  
LEGISLATIVE ADVOCATE

Employee  
MARIA SPERBER  
LEGISLATIVE ADVOCATE

**Attachment Form 640**

(Attachment to Form 635 or Form 645)

CALIFORNIA  
1993 FORM**640**

6/14

PERIOD COVERED: 04/01/2019--06/30/2019NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH**For Use By:** A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.**Other Payments to Influence Legislative or Administrative Action:**

|  |              |
|--|--------------|
| 1. Total payments for overhead expenses related to lobbying activity.<br><u>Report as a lump sum.</u> .....  | \$ 25429.47  |
| 2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> .....<br>(Form 630 must be attached)  | \$ 0.00      |
| 3. Total payments of less than \$250 during the calendar quarter for lobbying<br>activity (excluding overhead). <u>Report as a lump sum.</u> .....   | \$ 0.00      |
| 4. Total payments of more than \$250 during the calendar quarter for lobbying<br>activity (excluding overhead). Such payments must be itemized below. ....   | \$ 149739.00 |
| 5. Grand total of "Other Payments to Influence Legislative or Administrative<br>Action." Also enter this total on the appropriate line of the Summary of<br>Payments section on Page 1 of Form 635 or Form 645. .... | \$ 175168.47 |

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

| Name & Address of Payee  | Amount This Quarter | Cumulative Amount Since January 1 |
|--|---------------------|-----------------------------------|
| [S] - DAVID SIMON<br><br>SACRAMENTO CA 95814<br>Reference No: 23   | \$ 29146.00         | \$ 29146.00                       |
| [R] - MANATT<br><br>LOS ANGELES CA 90064<br>Reference No: 25       | \$ 25000.00         | \$ 25000.00                       |
| [S] - CARMELA COYLE<br><br>SACRAMENTO CA 95814<br>Reference No: 28 | \$ 19860.00         | \$ 42910.00                       |
| Subtotal of all payments itemized above                            | \$ 74006.00         |                                   |

☒ If more space is needed, check box and attach continuation sheets.







**Attachment Form 640**

(Continuation Sheet)

CALIFORNIA  
1993 FORM**640**

7/14

PERIOD COVERED: 04/01/2019--06/30/2019NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH

| Name & Address of Payee   | Amount This Quarter | Cumulative Amount Since January 1 Biennial Legislative Session |
|---|---------------------|--|
| [A] - BLUE STATE DIGITAL<br><br>NEW YORK NY 10013<br>Reference No: 26   | 19222.00            | 19222.00   |
| [S] - JACKIE GARMAN<br><br>SACRAMENTO CA 95814<br>Reference No: 20  | 15924.00            | 30715.00   |
| [S] - LOIS RICHARDSON<br><br>SACRAMENTO CA 95814<br>Reference No: 21  | 12710.00            | 27254.00   |
| [S] - KIMOMI BURCHILL    | 8512.00             | 8512.00  |
| [L] - CAPITOL PARTNERS <br>SACRAMENTO CA 95814                     | 7500.00             | 14500.00   |
| [S] - RYAN WITZ <br>SACRAMENTO CA 95814<br>Reference No: 19        | 4516.00             | 19355.00   |
| [S] - CATHY MARTIN <br>SACRAMENTO CA 95814<br>Reference No: 30     | 3984.00             | 8584.00  |
| [S] - BRIANNA NATHAN<br><br>SACRAMENTO CA 95814<br>Reference No: 24   | 3365.00             | 3365.00  |
| [S] - JAN EMERSON-SHEA <br>SACRAMENTO CA 95814<br>Reference No: 27 | 0.00                | 26092.00   |
|  Subtotal of all payments itemized above                           | \$ 75733.00         |  |



# AMENDMENT TO LOBBYING DISCLOSURE REPORT

8/14

FOR USE BY FILERS AMENDING REPORTS FILED PURSUANT  
TO GOVERNMENT CODE SECTIONS 86100-86117

FORM 690  
1990

TYPE OR PRINT IN INK

FOR OFFICIAL USE ONLY

A

B

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

NAME OF FILER:

CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH

NAME OF EMPLOYER OR FIRM: (If this amendment is being filed by a lobbyist)

BUSINESS ADDRESS OF FILER: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMENTO

CA

95814

(The information required must correspond to the information provided on the original report filed.)

1. The following information amends the lobbying disclosure report Form No. F635 executed on 07/30/2019  
(Mo. - Day - Year)  
for the period 04/01/2019 to 06/30/2019.

2. Amended information affects items on Part(s) III Section(s) D.

3. Describe changes below.

UPDATE AMOUNT TO CORRECTLY REFLECT AMOUNT ON 645 AND SUMMARY PAGE.

## VERIFICATION

I have used all reasonable diligence in preparing this Amendment. I have reviewed the Amendment and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)

09/11/2019

At (City and State)

SACRAMENTO, CA

By (Signature of Filer)

LOIS RICHARDSON

Name of Filer (Type or Print)

LOIS RICHARDSON

Title

VICE PRESIDENT



# TEXT ANNOTATION

## PAGE 1

**Schedule** F635

**Reference No:**

CALIFORNIA STATE LEGISLATURE AND GOVERNORS OFFICE REGARDING AB 4,AB 5,AB 25,AB 26,AB 27,AB 50,AB 51,AB 149,AB 152,AB 174,AB 184,AB 204,AB 288,AB 290,AB 314,AB 329,AB 389,AB 414,AB 418,AB 480,AB 506,AB 538,AB 555,AB 601,AB 651,AB 673,AB 680,AB 682,AB 714,AB 715,AB 741,AB 744,AB 749,AB 774,AB 790,AB 829,AB 844,AB 873,AB 887,AB 890,AB 950,AB 962,AB 1014,AB 1035,AB 1038,AB 1055,AB 1058,AB 1066,AB 1069,AB 1075,AB 1088,AB 1175,AB 1352,AB 1404,AB 1514,AB 1550,AB 1564,AB 1572,AB 1601,AB 1611,AB 1634,AB 1656,AB 1695,AB 1740,AB 1759,AB 1760,AB 1780,AB 1788,ACA 14,ACR 92,ACR 98,SB 10,SB 29,SB 37,SB 56,SB 65,SB 66,SB 135,SB 142,SB 175,SB 227,SB 276,SB 299,SB 305,SB 334,SB 382,SB 425,SB 445,SB 464,SB 539,SB 561,SB 563,SB 567,SB 569,SB 640,SB 688,SB 697,SB 707,SB 714,SB 748,SB 749,SB 758,SB 788,SR 30 PROPOSITION 55 FUNDING AVAILABLE FOR MEDICAL PROGRAM GOVERNORS OFFICE REGARDING MEDICAL,SEISMIC SAFETY STATE BUDGET FUNDING TO ELIMINATE SHARE OF COST FOR AGED BLIND AND DISABLED ADULTS 340B/PHARMACY: MEDICAL EXPANSION TO UNDOCUMENTED ADULTS,WHOLE PERSON CARE FUNDING DEPARTMENT OF INDUSTRIAL RELATIONS REGARDING VARIOUS CALOS - HA REGULATIONS DEPARTMENT OF PUBLIC HEALTH REGARDING LICENSING AND CERTIFICATION RPROGRAM DEPARTMENT HEALTH AND HUMAN SERVICES AGENCY AND DEPARTMENT OF PUBLIC HEALTH REGARDING HOSPITAL LICENSING EMERGENCY MEDICAL SERVICES AUTHORITY REGARDING REGULATIONS ALTERNATE DESTINATION

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**Reference No:** 15

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Reference No: 27